

CLARK COUNTY ADMINISTRATIVE COMPENSATION POLICY

GENERAL WAGE CHANGE NOTICE

https://www.caremark.com/wps/portal1. Employee Name:	2. Employee Number:	3. Department:
4. Position Title:	5. Wage Rate:	6. Pay Group:
8. Effective Date of Wage Change:	9. Wage Schedule Utilized:	

Type of Wage Change:

(Please complete the section below that correlates with the type of change requested)

- ☐ New Hire
 ☐ Scheduled Step Progression/ Step Increase
- ☐ - Promotion / Lateral Transfer /Demotion
- ☐ - General Wage Change: to include wage adjustment to employee not under Clark County Administrative Compensation Plan (Includes: WPPA, Sheriff's Office Reserves, Forestry and Parks Seasonal, etc.)
- ☐ - *Initial Shift; Transition to the 2017 Wage Schedule

NEW HIRE:

<u>Completed by Department Head:</u>	<u>Completed by Office of Finance and Personnel:</u>
Pay Class: <input type="checkbox"/> hourly; <input type="checkbox"/> salary; <input type="checkbox"/> other	Pay Group:
Status: <input type="checkbox"/> Full-Time; <input type="checkbox"/> Part-Time ; <input type="checkbox"/> other: (circle): LTE/Seasonal/Reserve/Intern	Job Code:
How many hours will employee work per week?	Union Code:
[FMLA] Will the employee work at least 1 year, and 1250 hrs in that year? <input type="checkbox"/> yes ; <input type="checkbox"/> no;	Workmen's Comp Code:
[ACA] Will the employee work at least 80 hours per pay period? <input type="checkbox"/> yes ; <input type="checkbox"/> no;	EEOC Job/Salary Category:
Are there any special conditions of employment? <input type="checkbox"/> yes ; <input type="checkbox"/> no; (If yes please note below)	New EEOC Function Number:
Special Conditions: (additional PTO accrual rate, uniform or night differential, works additional position in county etc.)	<u>Benefit Eligibility:</u> <input type="checkbox"/> Holiday Pay
	<input type="checkbox"/> PTO <input type="checkbox"/> WRS Retirement
	<input type="checkbox"/> Leave <input type="checkbox"/> STD/ LTD
	<input type="checkbox"/> Health Insurance
	<input type="checkbox"/> Flex Spending
	<input type="checkbox"/> Differed Comp <input type="checkbox"/> Life Insurance
	<input type="checkbox"/> Wellness <input type="checkbox"/> EAP
Signature of Department Head: _____ Date: _____	
Wage Rate Initiated by: _____ Date: _____	

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SCHEDULED STEP PROGRESSION/ STEP INCREASE

New Wage Rate:	Old Wage Rate:
Date Entered Position:	Date of Last Step:
Signature of Department Head: _____ Date: _____	
Wage Rate Change executed by: _____ Date: _____	

PROMOTION, LATERAL TRANSFER, OR DEMOTION

Employee Movement Type: <input type="checkbox"/> Promotion; <input type="checkbox"/> Demotion; <input type="checkbox"/> Lateral Transfer			
Completed by Department Head:		Completed by Office of Finance and Personnel:	
Previous Job Title:		Old #:	New :
Previous Wage Rate:	Job Code:		
Previous Pay Grade:	Union Code:		
	Union Code:		
Pay Class: <input type="checkbox"/> hourly; <input type="checkbox"/> salary; <input type="checkbox"/> other	Workmen's Comp Code		
Status: <input type="checkbox"/> Full-Time; <input type="checkbox"/> Part-Time ; <input type="checkbox"/> other: (circle): LTE/Seasonal/Reserve/Intern	EEOC Job/Salary Category:		
Signature of Department Head: _____		Date: _____	
Wage Rate Change executed by: _____		Date: _____	

GENERAL WAGE CHANGE:

New Wage Rate:	Old Wage Rate:
Date Entered Position:	Date of Last Wage Rate Change:
Narrative of Reason for Change: (Please submit supporting documentation if applicable):	
Review needed by Supervisory Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date: _____	
Supervisory Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A _____ Date: _____	
Signature of Department Head: _____ Date: _____	
Wage Rate Change executed by: _____ Date: _____	